

<b>TRANSMITTAL FORM</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/106,160</td> </tr> <tr> <td>Filing Date</td> <td>November 1, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Coffee, Ronald Alan</td> </tr> <tr> <td>Art Unit</td> <td>1618</td> </tr> <tr> <td>Examiner Name</td> <td>Samaia, Jagadishwar Rao</td> </tr> <tr> <td>Attorney Docket Number</td> <td>13401US</td> </tr> </table>	Application Number	10/106,160	Filing Date	November 1, 2001	First Named Inventor	Coffee, Ronald Alan	Art Unit	1618	Examiner Name	Samaia, Jagadishwar Rao	Attorney Docket Number	13401US
Application Number	10/106,160												
Filing Date	November 1, 2001												
First Named Inventor	Coffee, Ronald Alan												
Art Unit	1618												
Examiner Name	Samaia, Jagadishwar Rao												
Attorney Docket Number	13401US												
(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission	13												

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px; font-size: small;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Patricia A. Coburn		
Signature	<i>Patricia A. Coburn</i>		
Printed name	Patricia A. Coburn		
Date	07/08/2008	Reg. No.	28594

CERTIFICATE OF TRANSMISSION/MAILING - EFS		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Judy Readman</i>	
Typed or printed name	JUDY READMAN	Date
		7-15-2008